

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	12-26-00
FORMALITY REVIEW	UM	869	12-29-00
RESPONSE FORMALITY REVIEW	MT	523	04/19/01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	5/17/02
2	5/17/02
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Claim	Date
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If more than 150 claims or 10 actions  
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